Enrolling in your benefits

Your benefit options as a retiree.

In order to make an informed decision about your AAA NCNU Insurance Exchange benefits for 2012, please read this guide carefully. Inside, you'll find important information about your benefit options.

AAA Insurance

For Mid-Atlantic Retirees

Your 2012 AAA NCNU Insurance Exchange retirement benefits

This guide provides an overview of all the benefits available to you as a retiree, and tells you how to enroll.

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About this guide

The information provided in this guide is intended for pre-65 and post-65 retirees. Although this guide contains a lot of important information, additional details and clarifications can be found in the Summary Plan Descriptions (SPDs) for all of the plans described in this guide. The SPDs can be found on the AAA NCNU Insurance Exchange benefits website, www.ibenefitcenter.com/AAA. If there is a discrepancy between the information provided in this guide and the SPDs, the SPDs will govern.

This enrollment guide, along with your plan's provider materials, is considered a Summary of Material Modifications (SMM) – the notice of plan changes you are entitled to receive under the Employee Retirement Income Security Act of 1974 (ERISA). However, it does not provide complete details about your benefits. Additional details about your benefits are available in the Summary Plan Descriptions (SPD) for AAA NCNU Insurance Exchange, made available to you as a plan participant. The changes outlined in this document may not be reflected in the current SPDs, but updates will be made as soon as reasonably possible. If there is any conflict between the information presented here and these other resources and the official plan documents, the official plan documents will govern.

Important notice about Medicare

In order to remain enrolled in a AAA NCNU Insurance Exchange medical plan, Medicare-eligible retirees must be enrolled in both Medicare Part A and Part B. That means when you first become eligible for Medicare benefits, either through reaching age 65, or earlier with a disability, you will need to enroll in Parts A and B of Medicare. Should you drop Medicare Part B at any time during your participation in the AAA health plan as a retiree, you will lose your AAA medical (including pharmacy) coverage.

Enrollment process

How to enroll

You can enroll in your 2012 benefits online at www.ibenefitcenter.com/AAA or by calling the AAA Benefits Service Center at 800-216-4721.

Online – www.ibenefitcenter.com/AAA

Learn more about your benefit options and make your plan selections online at www.ibenefitcenter.com/AAA. If you haven't logged on to this website before, your initial user name will be your Social Security number and your initial password will be the six-digit month, day and year of your birth (MMDDYY). After you log on, you will be prompted to select a new user name and password. Once you're logged on, choose "myHealth" to access your health benefit information. Click on "Enroll now" to begin enrolling in your benefits.

Your AAA benefits website contains a summary of your current coverage choices and costs, a provider look-up feature to help you find healthcare professionals in your area, and many other resources to help you manage your benefits and make the best decisions for you and your family.

By phone – 800-216-4721

If you have questions, or would like assistance as you enroll, call 800-216-4721 to speak with a AAA Employee Benefits customer service representative. Representatives are available from 5 a.m. to 5 p.m. Pacific Time, Monday through Friday.

Questions?

Call 800-216-4721 – AAA Employee Benefits customer service representatives are available from 5 a.m. to 5 p.m. Pacific Time, Monday through Friday.

Enrollment information

Please keep the following information in mind while making your enrollment selections:

- If either you and/or your spouse are over age 65, and you are enrolled in a MAIG BCBS plan prior to retiring, you may sign up for the BCBS Medicfill Medicare Supplement plan.
- If you and/or your spouse are under age 65, you can elect to participate in the BCBS PPO. You may not participate in the BCBS Medicfill Medicare Supplement plan until you are over age 65, and you must be enrolled in a MAIG BCBS plan prior to becoming eligible.
- If you are not enrolled in a MAIG BCBS plan prior to retiring, you may be eligible to enroll in a UnitedHealthcare plan at age 65. Please contact the AAA Employee Benefits Center at 800-216-4721 for options available.
- If you make a change in your medical plan, new medical cards will be sent to you directly from BCBS.
- If you waive coverage for medical, dental or vision, you may not opt back in for that coverage in the future.

Enrolling in Medicare

If you become eligible for Medicare due to age or disability, you must enroll in Medicare Part A and Part B. Once you become eligible for Medicare, your primary plan coverage will automatically be Medicare, and your coverage through AAA NCNU Insurance Exchange will be secondary.

It is your responsibility to notify the AAA Employee Benefits Service Center when you become eligible for Medicare due to age or disability in order to remain covered under the AAA medical (and pharmacy) plan. Not enrolling – or enrolling late – in Part B when you first become eligible will result in a permanent Medicare premium penalty.

Determining eligibility

Medical plan eligibility is based on your age and your Medicare eligibility. You can see a list of plans you are eligible for at www.ibenefitcenter.com/AAA.

Your dependents are also eligible for healthcare coverage as long as you are covered under the same plan. Eligible dependents include the following:

- **Your spouse or domestic partner**
  1. A spouse or domestic partner age 65 and over must have Medicare A and B to enroll in the AAA NCNU Insurance Exchange retiree health plan. He or she must complete a Medicare Risk Form to enroll in the BCBS Medicfill plan.
  2. If you are a surviving spouse, you may not cover any new dependents/domestic partner under any health plans. Only dependents who are under age 26 and were enrolled prior to the retiree's death may be covered by the plan with a surviving spouse.
- **Child(ren) under age 26**
- **Physically or mentally handicapped dependent children of any age, provided they are unable to care for themselves.** The dependent child must have been enrolled in the plan prior to age 26.

Health advocacy services provider

Your health advocacy program is administered by Health Advocate. Health Advocate will provide you with access to specialists who can handle claims issues on your behalf and help you navigate the healthcare system. You do not have to enroll in this benefit. It is available to all AAA NCNU Insurance Exchange employees and retirees. You can reach Health Advocate at 866-799-2728.

Medical plan options – Under 65

The following medical plan is available to under-65 retirees for 2012:

- BlueCross BlueShield PPO

For coverage details, please refer to the medical plan comparison charts beginning on page 4.

Medical plan options – Over 65

The Medicare supplemental insurance option is provided through BCBS Medicfill benefits. For coverage details, please refer to the medical plan comparison charts beginning on page 9.

What is coinsurance?

Instead of copays (flat dollar amounts), your BCBS PPO uses coinsurance (percentage of total cost) for our BCBS medical plans and prescription drug coverage.

Why? As a smart shopper, when you buy something you ask how much it costs. You also want to know the "full retail price" when taking advantage of any discounts, so you know the true value of your savings. The same concept applies to shopping for healthcare services. You are more likely to want to know the total cost of a prescription drug or a doctor's visit if you're paying a percentage of it, rather than a flat fee regardless of total cost. This approach encourages you to be a more informed consumer when it comes to your healthcare. **To make sure you're taking advantage of available discounts, visit in-network providers whenever possible.**

Another advantage – The amount you pay in coinsurance will apply toward your annual out-of-pocket maximum, while copays do not.

Medical plan comparison – Under 65

This benefit chart is a summary only. It does not fully describe your benefit coverage. For details on your benefit coverage, please refer to the AAA NCNU Insurance Exchange Health Plan Summary Plan Description.

Plan Provisions	BlueCross BlueShield PPO	
	In-Network	**Out-of-Network**
General Provisions		
Providers	You may use any licensed provider; however, your out-of-pocket costs will be less when you use providers who participate in the BCBS network.	
Annual Deductible	$400/individual $800/family	$1,000/individual $2,000/family
Out-of-Pocket Maximum	$3,000/individual and $6,000/family (excludes deductible)	
At the Doctor's Office		
Doctor's Office Visits (nonspecialists)	Plan pays 90%[1]	Plan pays 70%[1]
Doctor's Office Visits (specialists)	Plan pays 90%[1]	Plan pays 70%[1]
Preventive Care Services		
Routine Physical Exam	Plan pays 100%	Plan pays 70%[1]
Routine OB-GYN Exam	Plan pays 100%	Plan pays 70%[1]
Routine Screenings (e.g., mammogram, sigmoidoscopy, colonoscopy)	Plan pays 100%	Plan pays 70%[1]
Routine Pap Smear or Prostate Screening Antigen Test (PSA) (lab charges)	Plan pays 100%	Plan pays 70%[1]
Routine Well-Child Care	Plan pays 100%	Plan pays 70%[1]
Routine Immunizations	Plan pays 100%	Plan pays 70%[1]
Routine Vision Exams	Not covered	Not covered
Routine Hearing Tests with Primary Care Physician	Plan pays 100%	Not covered
Lead Poisoning Screening Test (lab charges)	Plan pays 100%	Plan pays 70%[1]

Plan Provisions	BlueCross BlueShield PPO	
	In-Network	**Out-of-Network**
At the Hospital		
Semiprivate Room & Board (including Intensive Care, if medically necessary)	Plan pays 90% after a $250 copay	Plan pays 70% after a $250 copay
Surgery (Inpatient)	Plan pays 90%[1]	Plan pays 70%[1]
Surgery (Outpatient)	Plan pays 90%[1]	Plan pays 70%[1]
Physician & Surgeon Services	Plan pays 90%[1]	Plan pays 70%[1]
Other Medical Professional Services	Plan pays 90%[1]	Plan pays 90%[1]
Emergency Services		
Primary Care Physician's Office	Plan pays 90%[1]	Plan pays 70%[1]
Hospital & Outpatient Emergency Facilities	Plan pays 90% after a $100 copay	Plan pays 90% after a $100 copay
Urgent Care Center/Medical Aid Units	Plan pays 90%[1]	Plan pays 70%[1]
Ambulance	Plan pays 90%[1]	Plan pays 70%[1]
Maternity Services		
Prenatal & Postnatal Care	Plan pays 90%[1]	Plan pays 70%[1]
Delivery (Hospital & Physician)	Plan pays 90%[1]	Plan pays 70%[1]
Birthing Center	Plan pays 100%	Plan pays 100%
Mental Health & Substance Abuse Treatment		
Inpatient & Partial Hospitalization	Plan pays 90%[1]	Plan pays 70%[1]
Outpatient	Plan pays 90%[1]	Plan pays 70%[1]

Plan Provisions	BlueCross BlueShield PPO	
	In-Network	**Out-of-Network**
Other Types of Services		
Allergy Testing	Plan pays 90%[1]	Plan pays 70%[1]
Allergy Treatment	Plan pays 90%[1]	Plan pays 70%[1]
Laboratory Services	Plan pays 90%[1]	Plan pays 70%[1]
Imaging X-rays & Machine Testing Services	Plan pays 90%[1]	Plan pays 70%[1]
Imaging Services: MRI, CT Scan, PET Scan	Plan pays 90%[1]	Plan pays 70%[1]
Physical and Occupational Therapy	Plan pays 90%[1] for up to 60 combined visits per year	Plan pays 70%[1] for up to 60 combined visits per year
Speech Therapy	Plan pays 90%[1] for up to 30 visits per calendar year	Plan pays 70%[1] for up to 30 visits per calendar year
Radiation Therapy & Chemotherapy	Plan pays 90%[1]	Plan pays 70%[1]
Home/Nursing Home Visits	Plan pays 90%[1] for up to 100 visits per calendar year	Plan pays 70%[1] for up to 100 visits per calendar year
Chiropractic	Plan pays 90%[1] for up to 30 visits per calendar year	Plan pays 75%[1] for up to 30 visits per year
Inpatient Private Duty Nursing	Plan pays 90%[1] for up to 240 hours in a 12-month period	Plan pays 70%[1] for up to 240 hours in a 12-month period
Prosthetic Devices & Durable Medical Equipment	Plan pays 90%[1]	Plan pays 70%[1]
Skilled Nursing Facility	Plan pays 90%[1] for up to 120 days per confinement	Plan pays 70%[1] for up to 120 days per confinement
Home Health Care	Plan pays 90%[1] for up to 100 visits per calendar year	Plan pays 70%[1] for up to 100 visits per calendar year
Hospice Care	Plan pays 90%[1] for up to 180 days	Plan pays 70%[1] for up to 180 days

Plan Provisions	BlueCross BlueShield PPO	
	In-Network	**Out-of-Network**
At the Pharmacy	Medical deductible does not apply	
Retail Pharmacy (34-day supply)	**Generic:** $10 copay **Preferred Brand:** Plan pays 80%; you pay 20% with $25 min/$50 max **NonPreferred Brand:** Plan pays 70%; you pay 30% with $50 min/$100 max	
Mail-Order Service (90-day supply)	**Generic:** $20 copay **Preferred Brand:** Plan pays 80%; you pay 20% with $50 min/$100 max **NonPreferred Brand:** Plan pays 70%; you pay 30% with $100 min/$200 max	

1 **In-Network** benefits are subject to a calendar-year deductible of $400 per person ($800 per family). Benefits are then covered at the indicated percentage until the coinsurance totals $3,000 per person ($6,000 per family). Benefits are then paid at 100% of the allowed charges for the remainder of the calendar year. **Out-of-Network** benefits are subject to a calendar-year deductible of $1,000 per person ($2,000 per family); benefits are then covered at the indicated percentage coinsurance for in- and out-of-network totals of $3,000 per person ($6,000 per family). Benefits are then paid at 100% of the allowed charges for the remainder of the calendar year. In- and out-of-network coinsurances are combined to satisfy the calendar year coinsurance expense limits.

- For transplants performed at Blue Distinction Centers for Transplants® (BDCT) facilities, facility charges and professional services are covered at the in-network facility benefit level. For transplants performed at participating but non-BDCT facilities, charges are covered at the out-of-network benefit level for the respective types of services. Transplants performed at non-participating facilities are not covered. Other limits apply.
- Facility charges and professional services for bariatric surgeries are subject to any in-network and out-of-network copays and/or deductibles, and then are covered at 50%. Coinsurances do not apply to any coinsurance expense limits. Members must meet eligibility criteria to qualify for surgery.
- If an individual chooses a Preferred or Non-Preferred Brand drug when a Generic drug is available, he or she will have to pay the difference between the charge for the Preferred or Non-Preferred Brand drug and the Generic drug, plus the copay for the Generic Drug.
- Full contract benefits are contingent upon following BlueCross BlueShield of Delaware's managed care requirements.
- Payments for In-Network or Out-of-Network services that are subject to a day or dollar limit are combined to determine when that limit is met.
- When calculating deductible or coinsurance expenses, only the allowable charges are considered. All percentages listed above apply to the BlueCross BlueShield of Delaware's allowable charge.
- When calculating deductible or coinsurance expenses, only the allowable charges are considered.
- This is not a contract. This benefit comparison is intended to provide you with a general overview of these BlueCross BlueShield of Delaware health benefit programs.

Under 65 Retiree Contributions – Medical

	BlueCross BlueShield PPO
Total Monthly Cost	
You Only	$577.57
You + Spouse/Partner	$1,348.77
You + Child(ren)	$1,003.77
You + Family	$1,719.64

Medical plan comparison – Over 65 (Medicare vs. BCBS Medicfill Medicare Supplement Plan)

This benefit chart is a summary only. It does not fully describe your benefit coverage. For details on your benefit coverage, please refer to the AAA NCNU Insurance Exchange Health Plan Summary Plan Description.

	Medicare	BlueCross BlueShield Medicfill Medicare Supplement Plan
Preventive Care Services		
Annual Physical Exam	100%	N/A
Annual Gynecological Exam	80% every 24 months	20% covered
Cervical Cancer Screening	100% every 24 months	N/A
Annual Mammography Screening	100%	N/A
Prostate Cancer Screening	100%	N/A
Immunizations/Inoculations	No coverage except for flu, Pneumococcal, Hepatitis B all covered at 100%	N/A
Vision and Hearing Care		
Refractive Eye Exam	Not covered	Not covered
Glaucoma Testing	Not covered	Not covered
Eyeglasses and Contact Lenses	Not covered	Not covered
Hearing Exam/Tests	Not covered	Not covered
Hearing Aid	Not covered	Not covered

Important reminder about your over 65 retiree medical coverage

Keep in mind that you must enroll in Medicare Part A and Part B once you are eligible due to age or disability. The BCBS Medicfill Plan is designed to be a supplement plan to Medicare coverage. It is your responsibility to notify the AAA Employee Benefits Service Center when you become eligible for Medicare. Not enrolling in Medicare – or enrolling late when you first become eligible will result in a permanent Medicare premium penalty. Call 1-800-261-4721 to speak to a customer service representative between 5 a.m. and 5 p.m. Pacific Time, Monday through Friday.

	Medicare	BlueCross BlueShield Medicfill Medicare Supplement Plan
Physician and Outpatient Services		
Office Visits	80% of the R&C after the Medicare Part B deductible	Covers Part B deductible and 20% of Medicare's approved charge
Outpatient Surgery/Anesthesia	80% of the R&C after the Medicare Part B deductible	Covers Part B deductible and 20% of Medicare's approved charge
Diagnostic X-ray/Lab Tests	80% of the R&C after the Medicare Part B deductible	Covers Part B deductible and 20% of Medicare's approved charge
Allergy Testing and Injections	80% of the R&C after the Medicare Part B deductible	Covers Part B deductible and 20% of Medicare's approved charge
Physical Therapy/ Occupational Therapy	80% of the R&C after the Medicare Part B deductible	Covers Part B deductible and 20% of Medicare's approved charge
Speech Therapy	80% of the R&C after the Medicare Part B deductible	Covers Part B deductible and 20% of Medicare's approved charge
Chiropractic Benefits	80% of the R&C after the Medicare Part B deductible	Covers Part B deductible and 20% of Medicare's approved charge
Outpatient Emergency Services		
Physicians Office	80% of the R&C after the Medicare Part B deductible	Covers Part B deductible and 20% of Medicare's approved charge
Emergency Facility	80% of the R&C after the Medicare Part B deductible	Covers Part B deductible and 20% of Medicare's approved charge
Ambulance Services	80% of the R&C after the Medicare Part B deductible	Covers Part B deductible and 20% of Medicare's approved charge
Inpatient Hospital Services		
Room & Board	– **Days 1–60**: Medicare pays all but the Medicare Part A deductible – **Days 61–90**: Medicare pays all but a specified dollar amount of coinsurance per day – **Days 91–120**: Medicare pays nothing (There are 60 Lifetime Reserve Days with all but the daily coinsurance amount covered. These days may be used at the patient's discretion) – **Days 121–365**: Medicare pays nothing	– **Days 1–60**: Covers Part A deductible – **Days 61–90**: Covers specified dollar amount of coinsurance – **Days 91–120 and Days 121–365**: Covers care in general hospital (except mental and nervous). These days may be used before Medicare's 60-lifetime reserve days. Covers coinsurance amount.
Physician's & Surgeon's Services and Other Medical Professional Services	80% of the R&C after the Medicare Part B deductible	Covers Part B deductible and 20% coinsurance

	Medicare	BlueCross BlueShield Medicfill Medicare Supplement Plan
Prosthetic Devices and Durable Medical Equipment		
	80% of the R&C after the Medicare Part B deductible	Covers Part B deductible and 20% coinsurance
Serious Mental or Nervous Disorders		
Inpatient	Benefits are limited to 190 days for your lifetime. Medicare covers all but the Medicare Part A deductible and the specified coinsurance for days 61–120.	See Hospital and Mental Health care
Outpatient	Medicare covers 50% of the R&C accepted by Medicare after the Medicare Part B outpatient deductible. If services are rendered in a partial hospitalization program or in the outpatient department of a hospital, Medicare covers 80% of the R&C after the Medicare Part B deductible.	– 50% and Part B Medicare deductible – 20% and Part B Medicare deductible for partial hospitalization
Other Mental Health Care		
Inpatient and Partial Hospitalization	**Inpatient:** Benefits are limited to 190 days for your lifetime. Medicare covers all but the Medicare Part A deductible and the specified coinsurance for days 61–120.	**Inpatient:** Part A Medicare deductible and the specified dollar amount of coinsurance for up to the 190 lifetime days approved by Medicare
Outpatient	Medicare covers 50% of the R&C accepted by Medicare after the Medicare Part B outpatient deductible. If services are rendered in a partial hospitalization program or in the outpatient department of a hospital, Medicare covers 80% of the R&C after the Medicare Part B deductible.	50% and Part B Medicare deductible

	Medicare	BlueCross BlueShield Medicfill Medicare Supplement Plan
Home Health Services		
Home Health Care (when provided by Medicare-certified home health agency or visiting nurse association)	80% of the R&C after the Medicare Part B deductible	Not covered
Skilled Nursing Care		
Skilled Nursing Facilities	100% of the R&C subject to Medicare criteria up to 100 days.	**Days 1–20:** No coverage **Days 21–100:** Pays a specified dollar amount of coinsurance per day

Prescription Drug Benefits – BlueCross BlueShield Medicfill Medicare Supplement Plan	
The following information describes the prescription drug benefits offered through the BCBS Medicfill Medicare Supplement Plan only	
– A $50 individual/$100 family brand deductible will apply for a 12-month period starting each year on January 1. – If a member elects to fill the brand when a generic alternative is available, they will be responsible for the difference in cost between the brand and the generic drug, in addition to the brand copayment. – Copayments for smoking cessation products are waived.	
Retail Pharmacy	**Generic:** $10 copay **Formulary:** 20% coinsurance with $20 minimum/$50 maximum **NonFormulary:** 20% coinsurance with $35 minimum/$70 maximum
Mail Order Service	**Generic:** $20 copay **Formulary:** 20% coinsurance with $40 minimum/$100 maximum **NonFormulary:** 20% coinsurance with $70 minimum/$140 maximum

Over 65 Retiree Contributions – Medical

BlueCross BlueShield Medicfill Medicare Supplement Plan	
Total Monthly Cost	
Per member	$409.16

Dental plan

Dental coverage is offered to all eligible retirees and their dependents through Delta Dental, a national provider of dental services. You must elect coverage on your retirement date to be considered eligible.

To take advantage of the lowest out-of-pocket costs under the dental plan, visit a Delta Preferred Option (DPO) network dentist. DPO dentists have agreed to charge lower fees.

To see if your dentist is part of the Delta Dental network, go to http://www.deltadentalca.com and select Dentist Directory; then scroll to Delta Preferred Option (DPO/PPO).

If your dentist is not part of the DPO network, the plan will pay the percentages listed below up to usual, customary and reasonable charges. You most likely will have to pay your dentist upfront, and Delta Dental will reimburse you only the percentage of the cost that does not exceed usual, customary and reasonable charges.

Below is a summary of your dental benefits provided by Delta Dental.

Plan Provisions	Delta PPO Dentists	Non-Delta PPO Dentists
General Provisions		
Annual Deductible	$50/individual	
Calendar Year Maximum	$2,000/individual	
Covered Services		
Preventive Care	Plan pays 100%, no deductible	Plan pays 100%,* no deductible
Basic Care	Plan pays 80%, after deductible	Plan pays 80%,* after deductible
Major Care	Plan pays 50%, after deductible	Plan pays 50%,* after deductible
Orthodontia Treatment (children and adults)	Up to 50%** after deductible with a lifetime maximum of $1,500/individual	

* Benefits are based on the R&C amount; you pay your share of this amount plus any amount the provider charges above R&C.

** If a non-Delta PPO dentist is used, benefits are based on R&C amount; you pay your share of this amount plus any amount the provider charges above R&C.

Retiree contributions – Dental

Total Monthly Cost	Under 65	Over 65
You Only	$50.70	$50.70
You + Spouse/Partner	$106.48	$106.48
You + Child(ren)	$91.27	$91.27
You + Family	$147.04	$147.04

Vision Plan

Vision care is offered to all eligible retirees and their dependents through Vision Service Plan (VSP), a national provider of vision services. You must have elected vision coverage on your retirement date to be considered eligible. For details on your vision benefits, refer to the chart below.

To take advantage of the lowest out-of-pocket costs under the vision plan, visit a VSP network provider. If your vision care provider is not part of the VSP network, the plan will partially reimburse you for charges outside the network. You most likely will have to pay your vision care provider up front, and VSP will reimburse you a percentage of the cost.

To see if your eye care professional is part of the VSP network, go to http://www.vsp.com and select Doctors & Office Staff; then search Find a VSP Network Doctor.

You can take advantage of VSP's Laser VisionCare℠ program, which provides members with a discount if laser surgery is obtained through VSP contracted doctors, surgeons and laser centers.

Below is a summary of your vision benefits provided by VSP.

Plan Provisions	VSP Providers	Non-VSP Providers
Covered Services		
Eye Exam: 1 every 12 months	You pay $10	Plan pays up to $45 after $10 copay
Lenses: 1 pair every 12 months	You pay $25 (applies to lenses and frames)	After $25 copay (applies to lenses and frames), plan pays up to: – $45 for single vision – $65 for bifocals – $85 for trifocals – $125 for lenticular
Frames: 1 pair every 12 months	You pay $25 (applies to lenses and frames) up to plan allowance: $130	After $25 copay (applies to lenses and frames), plan pays up to $70
Contacts in Lieu of Lenses and Frames	Plan pays 100% after $25 copay, if medically necessary; otherwise, plan pays up to $130	Plan pays up to $210 after $25 copay, if medically necessary; otherwise, plan pays up to $105

Retiree contributions – Vision

Total Monthly Cost	Under 65	Over 65
You Only	$12.24	$13.48
You + Spouse/Partner	$25.72	$28.33
You + Child(ren)	$22.05	$24.28
You + Family	$35.52	$39.12

Your enrollment checklist

✓ **Make your 2012 retiree medical coverage decisions.**

✓ **Decide on any other changes to your AAA NCNU Insurance Exchange benefits, such as:**

- Selecting your medical coverage
- Changing your enrollment in Vision and/or Dental coverage

✓ **Take action – you've got two ways to enroll:**

- **ONLINE** – log on to www.ibenefitcenter.com/AAA
- **BY PHONE** – call 800-216-4721 to speak with a AAA Employee Benefits customer service representative, available from 5 a.m. to 5 p.m. Pacific Time, Monday through Friday. Customer service representatives are also available for online chats through the website during the times noted above. You can also email a representative from our online enrollment system at any time.

Find help

For this plan …	Call …	Or go online to …
Health		
BlueCross BlueShield of Delaware	800-633-2563	www.bcbsde.com Group Number # 123858
Delta Dental PPO	888-335-8227	www.deltadentalins.com Group Number # 0334
Vision Service Plan (VSP)	800-877-7195	www.vsp.com Group Number # 12054101
Health Advocacy: Health Advocate	866-799-2728	www.healthadvocate.com
Other Benefits		
401(k) Plan: Fidelity Investments	800-890-4015	www.401k.com
AAA Retiree Benefits	800-216-4721	www.ibenefitcenter.com/AAA
Direct Billing: PayFlex	800-284-4885	www.PayFlex.com

Important information about direct billing provider: PayFlex

You will receive monthly bills for the cost of coverage through the direct billing provider, PayFlex. A welcome package will be sent to your home directly from PayFlex, containing details on the payment process along with phone and online contact information in case you have any questions.

Medical plan important notices

The federal government requires group health plans and health insurance issuers to offer certain benefits and notify you and your covered dependents about them. The following are important disclosures about our plans and your rights.

About Creditable Prescription Drug Coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage available under the medical plans listed in this notice is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2012. This is known as "creditable coverage."

Why this is important. If you or your covered dependent(s) are enrolled in a medical plan listed in this notice in 2012 and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Notice of Creditable Coverage

Please read this notice carefully. It has information about the prescription drug coverage available under the AAA NCNU Insurance Exchange medical plans and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of the AAA NCNU Insurance medical plans, you'll be interested to know that coverage is, on average, at least as good as standard Medicare prescription drug coverage for 2012. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you enroll in a Medicare prescription drug plan, you and your dependents will no longer be eligible for AAA NCNU Insurance Exchange's retiree plan medical coverage for Medicare-eligible retirees and dependents and you will not be able to have that coverage reinstated if you later disenroll from the Medicare prescription drug plan. Before you decide to enroll in a Medicare prescription drug plan, you should compare your AAA NCNU Insurance Exchange medical plan options – including which drugs are covered – with the coverage and cost of the plans offering Medicare medical and prescription drug coverage in your area.

You should know that if you waive or lose your medical plan coverage with AAA NCNU Insurance Exchange and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this coverage changes, or upon your request.

For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit www.medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program at the number in the *Medicare & You* handbook.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage under the AAA NCNU Insurance Exchange medical plans, contact:

The AAA Employee Benefits Customer Service Center
P.O. Box 9735
Providence, RI 02940-9735
Call (800) 216-4721 or visit www.ibenefitcenter.com/AAA

Women's Health and Cancer Rights Act of 1998

If you or one of your covered dependents have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided for the following services in a manner determined in consultation with the attending physician and the patient:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of all stages of the mastectomy, including lymphedemas

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits available under your medical plan.

Newborns' and Mothers' Health Protection Act of 1996

Federal law protects the benefit rights of mothers and newborns related to any hospital stay in connection with childbirth. In general, group health plans and health insurance issuers may not:

- Restrict benefits for the length of hospital stay for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).
- Require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay of up to 48 hours (or 96 hours).

For information on any state maternity benefits or details about any state laws that may apply to your medical plan, please refer to the benefit plan material for the medical plan in which you are enrolled.

Special Enrollment Rights for Medical Coverage

You and your eligible dependents may enroll for medical program coverage outside of annual Open Enrollment if you lose coverage or acquire newly eligible dependents, as long as you enroll yourself and/or your dependents within 30 days after one of the events described below:

- If you decline enrollment for yourself or your dependents (including your spouse) because of other health coverage and you later lose that other coverage, you may be able to enroll yourself or your dependents in a AAA-sponsored medical program.
- If you gain a newly eligible dependent (through marriage, birth, adoption or placement for adoption), you may enroll yourself, your spouse and your eligible dependent children in a AAA-sponsored medical program.

Enrollment in a medical plan outside Open Enrollment is also permitted if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these last two enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in a AAA medical plan. Note that this 60-day extension doesn't apply to enrollment opportunities other than the Medicaid/CHIP eligibility change.

Medicaid and the Children's Health Insurance Program (CHIP) offer free or low-cost health coverage to children and families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, you can contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office, or dial 1-877-KIDS NOW or visit www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

To see if any more states have added a premium assistance program since January 31, 2012, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor Services

Employee Benefits Security Administration
www.dol.gov/ebsa or 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov or 1-877-267-2323, Ext. 61565

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2012. You should contact your state for further information on eligibility.

ALABAMA – Medicaid

Website: http://www.medicaid.alabama.gov
Phone: 855-692-5447

ALASKA – Medicaid

Website: http://health.hss.state.ak.us/dpa/programs/medicaid
Phone (Outside of Anchorage): 888-318-8890
Phone (Anchorage): 907-269-6529

ARIZONA – CHIP

Website: http://www.azahcccs.gov/applicants
Phone (Outside of Maricopa County): 877-764-5437
Phone (Maricopa County): 602-417-5437

COLORADO – Medicaid

Medicaid Website: http://www.colorado.gov
Medicaid Phone: 800-866-3513

FLORIDA – Medicaid

Website: https://www.flmedicaidtplrecovery.com
Phone: 877-357-3268

GEORGIA – Medicaid

Website: http://dch.georgia.gov
Click on "Programs", then "Medicaid"
Phone: 800-869-1150

IDAHO – Medicaid and CHIP

Medicaid Website: www.accesstohealthinsurance.idaho.gov
Medicaid Phone: 800-926-2588
CHIP Website: www.medicaid.idaho.gov
CHIP Phone: 800-926-2588

INDIANA – Medicaid

Website: http://www.in.gov/fssa
Phone: 800-889-9948

IOWA – Medicaid

Website: www.dhs.state.ia.us/hipp/
Phone: 888-346-9562

KANSAS – Medicaid

Website: http://www.kdheks.gov/hcf/
Phone: 800-792-4884

KENTUCKY – Medicaid

Website: http://chfs.ky.gov/dms/default.htm
Phone: 800-635-2570

LOUISIANA – Medicaid

Website: http://www.lahipp.dhh.louisiana.gov
Phone: 888-695-2447

MAINE – Medicaid

Website: http://www.maine.gov/dhhs/OIAS/public-assistance/index.html
Phone: 800-572-3839

MASSACHUSETTS – Medicaid and CHIP

Medicaid & CHIP Website: http://www.mass.gov/MassHealth
Medicaid & CHIP Phone: 800-462-1120

MINNESOTA – Medicaid

Website: http://www.dhs.state.mn.us
Click on "Health Care," then "Medical Assistance"
Phone: 800-657-3739

MISSOURI – Medicaid

Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid

Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml
Phone: 800-694-3084

NEBRASKA – Medicaid

Website: http://www.dhhs.ne.gov/med/medindex.htm
Phone: 877-255-3092

NEVADA – Medicaid

Medicaid Website: http://dwss.nv.gov
Medicaid Phone: 800-992-0900

NEW HAMPSHIRE – Medicaid

Website: www.dhhs.nh.gov/ombp/index.htm
Phone: 603-271-5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid
Medicaid Phone: 800-356-1561
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 800-701-0710

NEW YORK – Medicaid

Website: http://www.nyhealth.gov/health_care/medicaid
Phone: 800-541-2831

NORTH CAROLINA – Medicaid and CHIP

Medicaid & CHIP Website: http://www.ncdhhs.gov/dma
Medicaid & CHIP Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: http://www.nd.gov/dhs/services/medicalserv/medicaid
Phone: 800-755-2604

OKLAHOMA – Medicaid and CHIP

Website: http://www.insureoklahoma.org
Phone: 888-365-3742

OREGON – Medicaid and CHIP

Medicaid & CHIP Website: http://www.oregonhealthykids.gov
Medicaid & CHIP Phone: 877-314-5678

PENNSYLVANIA – Medicaid

Website: http://www.dpw.state.pa.us/hipp
Phone: 800-692-7462

RHODE ISLAND – Medicaid

Website: www.ohhs.ri.gov
Phone: 401-462-5300

SOUTH CAROLINA – Medicaid

Website: http://www.scdhhs.gov
Phone: 888-549-0820

SOUTH DAKOTA – Medicaid

Website: http://dss.sd.gov
Phone: 888-828-0059

TEXAS – Medicaid

Website: https://www.gethipptexas.com
Phone: 800-440-0493

UTAH – Medicaid and CHIP

Medicaid & CHIP Website: http://health.utah.gov/upp
Medicaid & CHIP Phone: 866-435-7414

VERMONT – Medicaid

Website: http://www.greenmountaincare.org
Phone: 800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm
Medicaid Phone: 800-432-5924
CHIP Website: http://www.famis.org
CHIP Phone: 866-873-2647

WASHINGTON – Medicaid

Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm
Phone: 800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website: www.dhhr.wv.gov/bms
Phone: 877-598-5820, HMS Third Party Liability

WISCONSIN – Medicaid

Website: http://www.badgercareplus.org/pubs/p-10095.htm
Phone: 800-362-3002

WYOMING – Medicaid

Website: http://www.health.wyo.gov/healthcarefin/equalitycare
Phone: 307-777-7531